EuroIntervention

EuroIntervention: a politician's view

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As a cardiologist, I welcome the increasing success of EuroPCR, which is one of the leading international scientific events in this speciality.

Such success is due above all to the outstanding quality of the 500 or so international experts who are to be thanked for coming here to teach, and who bring to this event their scientific and professional experience. Success also comes from the subjects that are presented, in which all cardiology, peripheral vascular and cerebral interventional techniques are presented.

The teaching methods that are put to use in the EuroPCR programme this year are so outstanding that many medical students would be envious.

May I congratulate you too on the close links you have built up over the years with the working groups of different national societies in Europe and with the European Cardiology Society, in the field of percutaneous coronary interventions. These contacts cover around twenty countries now, and this has led, amongst other things, to the creation of a new European Scientific Journal, "*EuroIntervention*".

But EuroPCR also has a long-standing collaboration with the Asia-Pacific region, South America and the Gulf States, collaborations which I am very pleased to see, is continuing apace.

Before introducing new technologies in interventional cardiology, these techniques must be tested for their effectiveness and long term safety, and the risk - benefit must be weighed up, with the same rigour as is applied for new drugs.

To begin with, the initial applications of a new technology on humans, carried out on a limited number of carefully selected patients by different experts, provide information about the feasability and safety of this technology, but nevertheless, these are insufficient grounds for advising on or even authorising its use on a daily basis.

It is the randomised multicentric studies that provide answers to one or two precise questions about clinical benefits and possible risks.

And finally, at the same time, the cost - effectiveness of a new technology must be assessed in the long term using an industry-independent, scientifically controlled methodology. For new technologies destined to become part of common practice, precautionary principles should be applied.

In this way, the cost-effectiveness relationship and scientific methodology must be clearly explained by independent experts, in parallel with clinical recommendations.

This assessment must be included in the health priorities of each country and of the European Union as a whole.

Assessment of medical practices must be seen as a way of thinking and not as a constraint. It is used to improve the quality of care on a scientific basis.

Each establishment within every member state of the European Union should be able to compare, voluntarily and without limitation, its practices and results with those of other health establishments and thus work to improve the quality of care provided to the patients.

This assessment work requires a common language to be shared amongst all health organisations and countries, and reliable computer tools to be made available that can be readily used by everyone. It is the aim of the programme CARDS (Cardiology Audit Registry Data Standard) that was developed by the European commission and the ESC. The Health Ministries of all European Union member states have agreed this.

May I turn now to another subject which I consider important, that of the need to develop partnerships with the medical and drug industry, in order to spread new technologies and train health professionals.

One only needs to look at this Course to realise the positive impact of such financial partnerships, thanks to which so much has been contributed in terms of innovation, research, development, clinical assessment and the teaching of new technologies.

It is indeed through the widespread use of innovative techniques that industrialists, quite rightly, will get an acceptable return on their investments.

There are so many studies ongoing that it is impossible for a practitioner to get a useful grasp of their main findings.

It is therefore essential for honest and upright, scientifically renowned experts, to devote part of their time to drawing up clear summaries and recommendations on these studies, in a critical, constructive spirit, being mindful of the ethics of their profession, and using scientific methodologies.

I know - and let me congratulate you on this - that these principles underpin this Course.
In addition, investments in these new technologies can lead to a major reduction in the costs of patient treatment for the public authorities, since they can reduce the length and frequency of hospital stays, and even avoid further surgical procedures, as we have seen with the new types of stents such as drug delivery stents or resorbable ones.

And finally, today, when the construction of Europe is taking a new turn, it is absolutely essential to harmonise recommendations and authorisations for the use of new technologies.
As far as interventional cardiology and angiology is concerned, I sincerely hope that the national societies of the European Union countries will adopt and circulate the recommendations of the European Cardiology Society.
This would encourage the experts working in the field of the health economy, as well as the organisations that regulate the availability of new technologies.
Harmonising these recommendations, using common, clear scientific bases that have been widely published and explained, with flexible rules and regular updates, would certainly allow practitioners to better assume their responsibilities as partners in the health economy of their country and facilitate their choices of treatment on a daily basis.
In parallel with this, training methods should be harmonised at European level, providing a common definition of all the objectives - knowledge, practical skills and human relations, together with an objective, reliable and quantifiable assessment of the training itself.
A common training curriculum for interventional practices should provide a better geographical distribution of such skilled practitioners as well as an improvement in the quality of care, and therefore of the quality of life for Europeans, by reducing the impact of cardio-vascular diseases.
Virtual simulation is one way of shortening training time on new technologies and of providing on-going training on these ever-evolving techniques, whilst cutting the risks of complications. Let us take a leaf out of the Europeans' book and what they have achieved together, or from the magnificent Airbus training centre at Toulouse.
I am therefore delighted that EuroPCR is pursuing these avenues, striving to promote a common curriculum for training cardiologists in Europe.

This symposium thus perfectly highlights the real advantage of these innovative techniques, whether they be diagnostic or therapeutic, which all patients ought to be able to benefit from very soon.
That said however, making these technologies widely available have a cost, and this cost does have to be borne.
And finally, I hope that these few days together will be highly profitable to you in terms of inter-professional and international dialogue and exchange, something which I work hard to advocate as part of medical further education.